

PTO/SB/82 (09-04)

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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/702,209
Filing Date	11/05/2003
First Named Inventor	Ching-His YANG
Art Unit	2183
Examiner Name	
Attorney Docket Number	1035 01007

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**OR**

<input type="checkbox"/> Firm or Individual Name	Leong C. LEI			
Address	PMB#1008, 1867 Ygnacio Valley Road			
City	Walnut Creek	State	CA	Zip
Country	U.S.A.			
Telephone	905 812 9381	Fax	905 286 9781	

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

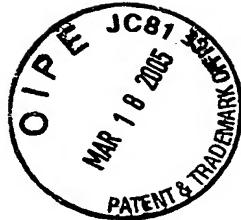
**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Ching-His YANG		
Date	February 16, 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/81 (11-04)

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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/702,209
Filing Date	11/05/2003
First Named Inventor	Ching-His YANG
Title	Fixed address digital data...
Art Unit	2183
Examiner Name	
Attorney Docket Number	1035-01007

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

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Practitioner(s) named below:

Name	Registration Number
Leong C. LEI	50402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leong C. LEI		
Address	PMB#1008, 1867 Ygnacio Valley Road		
City	Walnut Creek	State	CA
Country	U.S.A		
Telephone	905 812 9381	Fax	905 286 9781

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Ching-His Yang</i>	Date	February 16, 2005
Name	Ching-His YANG	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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